

WELCOME

The Lansing Police Department's Records Unit is committed to assisting our citizens with their public records needs. By submitting your request on line, your request will be sent to the Freedom of Information Act Coordinator who can process your request more efficiently.

TO REQUEST A RECORD

Making a requesting is easy and simple. Fill out the form located on this page and submit it electronically. You may also go directly to the Records Unit (address is listed below) to file your request. When submitting a request, please include as much details as possible, along with your current contact information. If we have a question about your request, it may be necessary to contact you. Your request may take up to 5 business days to complete.

FEES

Below is a list, outlining the fees associated with a FOIA request. If you submit a large or extensive request, you will be asked to submit a good faith deposit. A good faith deposit is due before work on the request is begun. Other fees are due when you pick up your request.

FOIA Fees:

Public Documents: \$32.07/Hr (or .53 cents per minute to search, review, print, redact, inspect, duplicate and copy)

Plus: .03 cents per page

Photographs:\$2.00 each

Audio/Video: \$35.00 per

Safe Records Retrieval Fee: \$6.00 (Reports dated 1994-2002)

TO PICK UP A RECORD

Come to the Lansing Police Department's Records Unit located on the first floor of the Central Precinct at 120 W Michigan Avenue Lansing, MI 48933. Our hours of business are 7:30am to 4:30pm Monday – Friday.

Records Unit
Lansing Police Department
Central Precinct
120 West Michigan Avenue
Lansing, Michigan 48933
Phone (517) 483-4680
Fax (517) 483-4688

RECORD DISCLOSURE REQUEST INSTRUCTIONS

- (1) NAME OF REQUESTER. Type your full name.
- (2) STREET ADDRESS. Type your full street address including any PO Box numbers.
- (3) Apt/Lot. Type your apartment number or lot number.
- (4) CITY/STATE/ZIP. Type your city, state and zip code.
- (5) DAY TIME PHONE. Type a telephone number that we may call you at if we have any questions regarding your request.
- (6) "I Agree". Read the paragraph located above the this box. If you agree to the terms check is box.
- (7) DATE. Type the date of your request.
- (8) TYPE OF REQUEST. Check the box that represents the type of public record you are requesting. If you check the "OTHER" box, indicate on the line to the right on this box what record you are requesting.
- (9) COMPLAINT NUMBER. Type the complaint number(s) of the record you are requesting.
- (10) TYPE OF INCIDENT. Type the type of incident the report involves. For example, "Assault", "Larceny", or "Accident".
- (11) ACCUSED NAME. Type the name of the accused or suspect involved in the record.
- (12) DOB. Type the date of birth of the accused or suspect involved in the record.
- (13) VICTIM NAME. Type the name of the victim involved in the record.
- (14) DOB. Type the date of birth of the victim involved in the record.
- (15) LOCATION OF INCIDENT. Type the location of the address. Include a street address, business name or intersection.
- (16) DATE/TIME OF INCIDENT. Type the date and time of the incident. Indicate if the date or time is an approximate.